

EXAM SCORING REQUEST-MULTIPLE CHOICE EXAM

EXAM TITLE:	EXAM #:
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_____ Number of Questions (please include omitted questions)
_____ Number of Answer Keys (maximum 2)
_____ Number of All Credit Items (list each by number _____, _____, _____)

Yes/No Is there a Weight Sheet?

_____ Number of Test Forms

_____ Number of Subtests (maximum 20)

Yes/No Request electronic file to Import Grades into Blackboard
E-mail: _____

Yes/No Is Subclass Scoring to be Done? e.g. Medical vs. Grad
Please list Combinations _____

Yes/No Is there a Minimum Passing Score? _____%

_____ Number of Student Scantrons

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Special Request _____

Authorizing Signature _____

Instructor _____ Dept. Name _____

Account Number _____ Date _____ Phone _____

Mail Stop Code _____ Contact Name _____ Fax _____

FOR TESTING CENTER USE ONLY

Filename _____ Total _____ Date _____

Rerun (1) _____ Changes # _____, # _____, # _____, # _____

Rerun (2) _____ Changes # _____, # _____, # _____, # _____

Rerun (3) _____ Changes # _____, # _____, # _____, # _____